

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9.4.		
O.I.P.E. CLASSIFIER		43	4/8/00
FORMALITY REVIEW			2/3/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/3/00
2	✓	✓	2/3/00
3	✓	✓	2/3/00
4	✓	✓	2/3/00
5	✓	✓	2/3/00
6	✓	✓	2/3/00
7	✓	✓	2/3/00
8	✓	✓	2/3/00
9	✓	✓	2/3/00
10	✓	✓	2/3/00
11	✓	✓	2/3/00
12	✓	✓	2/3/00
13	✓	✓	2/3/00
14	✓	✓	2/3/00
15	✓	✓	2/3/00
16	✓	✓	2/3/00
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45	✓	✓	2/3/00
46	✓	✓	2/3/00
47	✓	✓	2/3/00
48	✓	✓	2/3/00
49	✓	✓	2/3/00
50	✓	✓	2/3/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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